PTO/SB/17 (01-06)
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		Complete if Known							
Fees pursuant to the Consolidated A	Application Number								
FEE TRANSMITTAL			Filing Date 05/04/200			06			
For FY 2006			First Named Inventor Retkin			•			
	Examiner Name								
Applicant claims small entity status. See 37 CFR 1.27			Art Unit						
TOTAL AMOUNT OF PAYMENT (\$) 500				09999-Mu	9999-Murg				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify);									
Deposit Account Deposit Account Number: 501555 Deposit Account Name: Klehr, Harrison, Harvey									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
	LING FEES Small	SEA <u>Entity</u>	RCH FEES Small Entity		Small I			m	
	e (\$) Fee	(\$) <u>Fee</u>	(<u>\$)</u> <u>Fee (</u> \$)	Fee ((<u>\$)</u>	(\$)	Fees	s Paid (\$)	
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2. EXCESS CLAIM FEES Small E Fee Description Fee (\$) Fee (
Each claim over 20 (including Reissues) 50									
Each independent claim over 3 (including Reissues)						200	100		
Multiple dependent claim	oo Daid (6)			360 Utinla Da	180 pendent				
<u>Total Claims</u> <u>Ext</u> - 20 or HP =	<u>ra Claims</u> x		ee Paid (\$)			<u>ппріє се</u> ee (\$)		<u>Craiiris</u> Paid (\$)	
HP = highest number of total claim	ns paid for, if gi	eater than 20.							
	<u>ra Claims</u> x		ee Paid (\$)				-		
- 3 or HP = HP = highest number of independe		for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge):									
SUBMITTED BY		/, ,							
Signature Registration No. 32,906 (Attorney/Agent)						Telephone 215-568-6060			
Name (Print/Type) Albert T. Keyack						Date Ma	y 4, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.